

TIME OFF REQUEST FORM

Retirement .Capital



Please submit this form for approval at least four (4) weeks in advance of your preferred annual leave dates. All requests should first be verbally submitted to your supervisor in person; forms can then be submitted via email or in person after this initial conversation.

Name:

Date of request:

and

Annual Leave Dates Requested:

~~XXXXXX~~
through:

Returning:

Total Number of Days Requested:

Supervisor / Peer who approved:

FOR INTERNAL USE ONLY:

Request saved in Google Drive Folder:

Recorded on Annual Leave Calendar in V-Tiger:

Date completed: